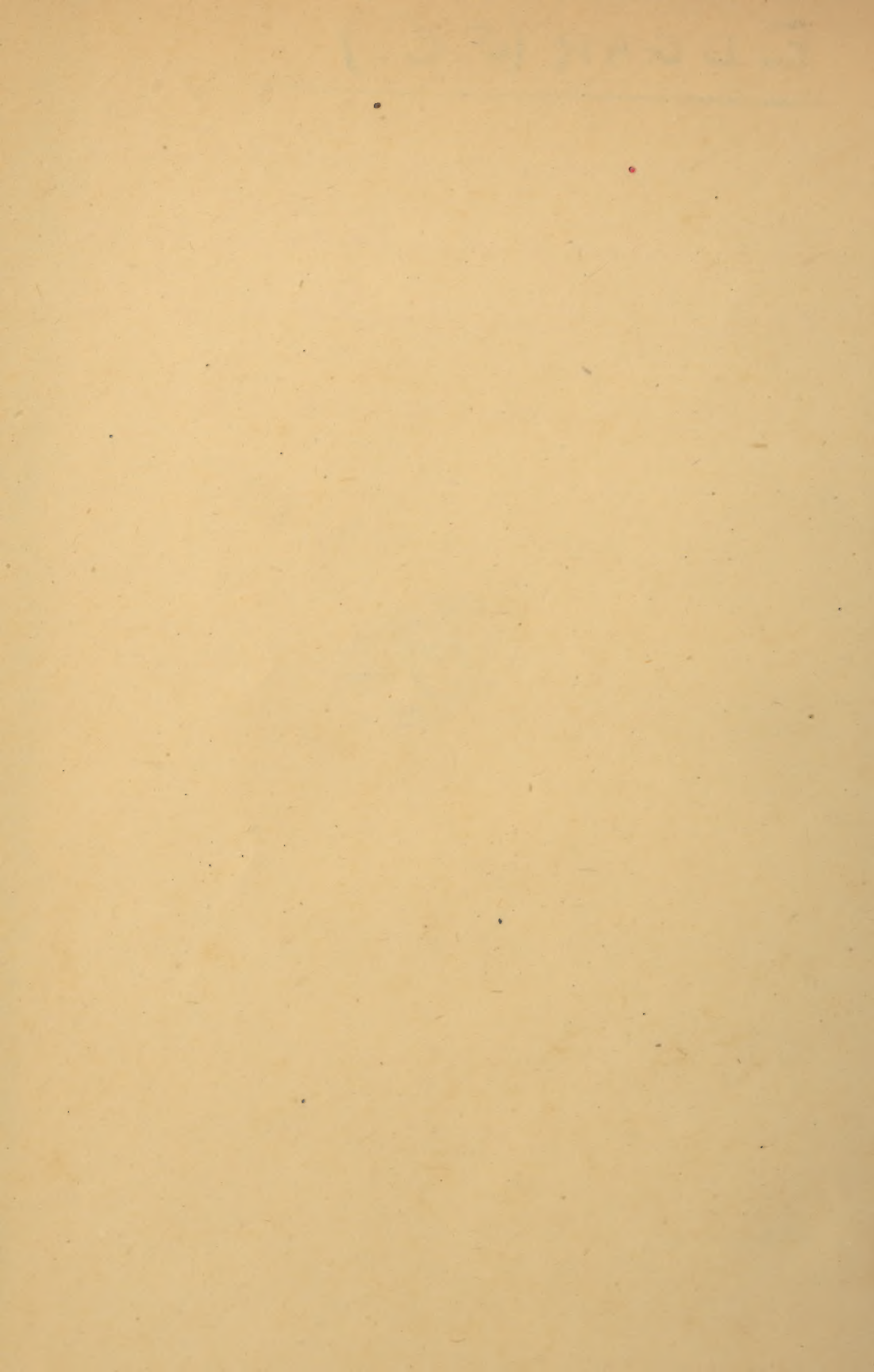


EDGAR (J.C.)

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CONVERSION OF A VERTEX INTO A SHOULDER PRE-
SENTATION BY A CHAMPETIER BALLOON DILATOR;
DIRECT PODALIC VERSION WITH RECOVERY FOR
BOTH MOTHER AND CHILD.¹

By J. CLIFTON EDGAR, M. D.



Dr. J. CLIFTON EDGAR reported this case as follows:

M. L., age thirty-five, married, Russian, first labor in 1881.

Her previous confinements were normal with the exception that they were all exceedingly tedious.

She has had no sickness during the present pregnancy, her urine is normal, and her pelvic measurements are as follows:

Circumference of pelvis, $35\frac{1}{2}$ inches; spines, $9\frac{3}{4}$ inches; crests, $11\frac{1}{4}$ inches; trochanters, $11\frac{1}{2}$ inches; external conjugate, $7\frac{3}{4}$ inches.

Promontory of sacrum not palpated.

At an ante-partum examination December 31st, 1892, some œdema of the ankles was present; the uterus was regular in outline and in the median line; dorsal plane of the foetus was to the left; small parts to the right in the fundus; and the head was found presenting.

Fœtal heart 138, regular, to the left side of the abdomen and below the line of the umbilicus.

The present labor began February 1st, 1893, and the pains continued with varying frequency and force until the morning of February 3d, when Dr. H. A. James, the Resident Physician at the Lying-in-Hospital, consulted the writer over the telephone regarding further treatment, as the prolonged labor was beginning to tell upon the woman—the membranes being intact, the foetus' condition remained good.

At this time the os was dilated to the size of a silver quarter; the cervix long, rigid and apparently very much hypertrophied; lower uterine segment noticeably thin.

The vertex presented in the L. O. A. position, and the head stood firmly engaged in the pelvic inlet, with the membranes stretched tightly over the scalp.

¹ Abstract from Transactions of the New York Obstetrical Society, Feb. 21, 1893.

The writer directed Dr. James to introduce a Champetier balloon dilator, which he promptly did at 11.00 A. M., and distended it fully with a weak bichloride of mercury solution.

For two hours preceding the introduction of the dilator all uterine action had been absent.

Twenty minutes after the dilator was placed within the uterus, strong uterine contractions commenced, which increased in force and frequency until 1.40 P. M., when the dilator was expelled from the cervix.

Before the expulsion of the dilator the foetal head could be made out by abdominal palpation in the right iliac fossa.

A large bag of fore-waters immediately formed upon the dilator being expelled, which extended to the perineum.

Upon these being ruptured artificially, the right shoulder was found presenting in the R. Scap. P. position, and right arm prolapsed into the vagina, with the elbow appearing at the vulva.

Direct podalic version was immediately performed, the left leg being seized and brought down into the vagina.

The extraction was not especially difficult. The cord did not prolapse but was pulseless when the extraction was completed.

Respiration in the foetus was delayed twenty minutes, but was finally restored, and both mother and child made good recoveries and were discharged in good condition upon the ninth day.

The maximum temperature and pulse records for the mother during the puerperium were 99.2° F. and 78 respectively.

Extraction of the foetus was complete at 3.10 P. M., and at 3.40 P. M. the third stage of labor was brought to a close by Cr  de's method.

The placenta presented nothing unusual in appearance, weighed 1¼ lbs., and measured 8 x 8 inches. The cord was 26 inches long.

The diameter and circumferences of the child recorded indicate it was fully developed.

Sex, female; length, 18½ inches; weight, 7½ lbs.

SUMMARY OF LABOR.

- | | |
|----------------------|--|
| <i>First stage.</i> | { began month February 1st day, 10.30 P. M.
{ terminated month February 3d day, 1.40 P. M.
Duration: hours, 39; minutes, 10. |
| <i>Second stage.</i> | { began month February 3d day, 1.40 P. M.
{ terminated month February 3d day, 3.10 P. M.
Duration: hours, 1; minutes, 30. |
| <i>Third stage.</i> | { began month February 3d day, 3.10 P. M.
{ terminated month February 3d day, 3.40 P. M.
Duration: hours, —; minutes 30 |

Total duration of labor; hours, 41; minutes, 10. Temperature, 98.6° F. Pulse, 66. Height of fundus above symphysis, 6 inches.

Since exhibiting the dilator before this Society, at the stated meeting of October 18th, 1892, the writer has had the opportunity of observing its action in a limited number of cases, and it has given satisfaction in the majority of these.

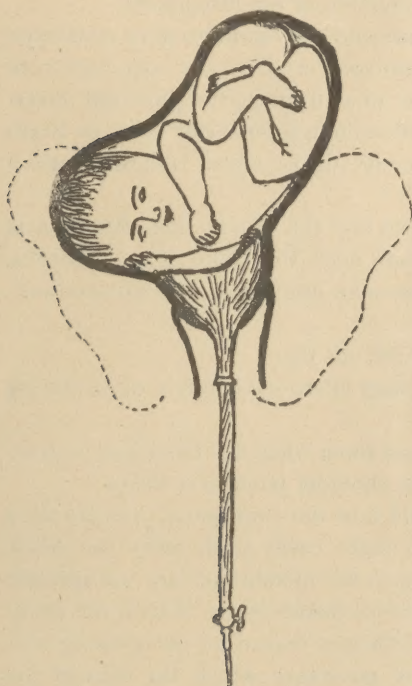


FIG. 1. CHAMPETIER DILATOR IN PLACE WITHIN THE UTERUS. AN L. O. A. POSITION OF THE VERTEX HAS BY ITS USE BEEN CONVERTED INTO A R. SCAP. P. POSITION OF THE SHOULDER.

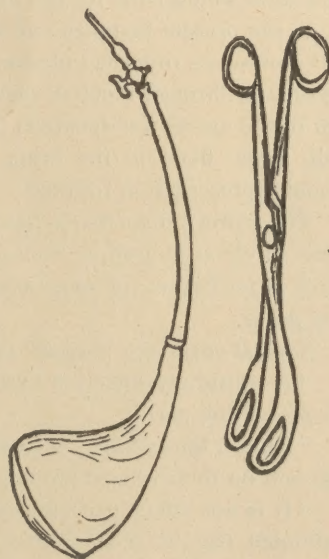


FIG. 2.

FIG. 3.

FIG. 2. CHAMPETIER BALLOON CERVICAL DILATOR.

FIG. 3. FORCEPS FOR INTRODUCING THE ABOVE INTO THE UTERUS.

This is the first accident observed, as far as the writer is concerned, and is one that, from the action of the dilator, is very liable to repeat itself in the practice of those who make use of such a means of securing cervical dilatation to the exclusion of the hand or Barnes' bags.

As can be readily seen, the action of this instrument is essentially different from that of Barnes'.

In the latter the extremity of even the largest bag extends but a short distance into the uterine cavity, and dilatation depends upon hydraulic pressure from within alone.

In the former the very distention of the dilator in that portion of the lower part of the uterus between the presenting part and the internal os tends to increase this space, either by forcing the lower uterine segment downward or the presenting part upward, unless perchance the cervix be so dilatable as to permit of the apex of the instrument immediately forcing its way through the os, in which case no indication would exist for the introduction of the instrument.

In the present instance two hours and forty minutes were consumed in the presence of strong uterine contractions, from the introduction of the dilator, through a cervix the size of a silver quarter, until full dilatation of the cervix was secured; and although the head was, to begin with, firmly fixed in the brim, yet its displacement followed and a shoulder presentation resulted.

The writer's experience has been that the Champetier dilator acts more surely as a uterine excitor than does the rubber bag of Barnes, which latter Barnes no longer claims as an originator of uterine contraction *per se*.

Several years ago Playfair¹ pointed out that

"A subsidiary objection to the bags (Barnes) is the risk of displacing the presenting part."

"I have, for example, introduced them when the head was presenting, and on their removal found the shoulder lying over the os."

"It is not difficult to understand how the continuous pressure of a distended bag in the internal os might easily push away the head, which is so readily movable so long as the membranes are unruptured. Still, if labor be in progress and the os insufficiently dilated, the possibility of this occurrence is not a sufficient reason for not availing ourselves of the undoubtedly valuable assistance which the dilators are capable of giving."

¹System of Midwifery.

